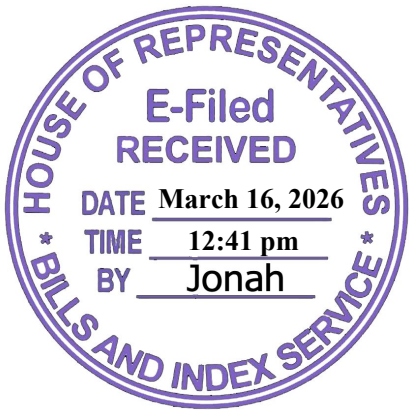


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 8513



Introduced by Representative **JESUS R. MARQUEZ**

EXPLANATORY NOTE

Early childhood is the most critical stage of human development. Scientific research consistently shows that the first five (5) years of life represent a period of rapid brain growth, during which early experiences shape cognitive ability, emotional regulation, language acquisition, and social functioning. When developmental delays or disabilities are identified and addressed early, children are far more likely to achieve improved educational outcomes, stronger adaptive skills, and greater long-term productivity. Conversely, delayed identification often results in more complex interventions later in life and imposes higher social, educational, and economic costs.

Despite this evidence, developmental screening in the Philippines remains inconsistent and fragmented. Many children are only assessed when they begin formal schooling, at which point developmental challenges may already be pronounced. Access to specialists is also severely limited. There are only a small number of developmental pediatricians serving millions of Filipino children, and most of them are concentrated in major urban centers. Families in rural, geographically isolated, and disadvantaged communities frequently face long waiting times, high costs of therapy services, and significant barriers to diagnosis and intervention.

Moreover, after developmental concerns are identified, services are often dispersed across multiple agencies—including the Department of Health, the Department of Education, the Department of Social Welfare and Development, the Philippine Health Insurance Corporation (PhilHealth), and local government units—without a fully integrated national pathway linking screening, diagnosis, therapy, and educational support. This fragmentation results in missed opportunities for early intervention and limits the effectiveness of existing public programs.

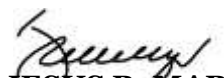
Local initiatives have already demonstrated that integrated early detection and intervention systems are both feasible and effective. Some local government units have implemented community-based developmental screening and referral programs that connect families to health, therapy, and educational services. These initiatives show that when developmental risks are identified early and families receive timely support, outcomes improve significantly. The challenge is not the lack of workable models but the absence of a coherent national framework that can standardize and scale these efforts.

This bill seeks to address these systemic gaps by establishing a National Early Detection and Intervention Framework that institutionalizes routine developmental screening during early childhood and creates a structured referral pathway for children with developmental concerns. The measure integrates health, education, and social protection systems to ensure that children identified through screening are efficiently linked to diagnosis, intervention services, and inclusive education support.

The bill further promotes equitable access to developmental services by strengthening inter-agency coordination, expanding telehealth support for underserved areas, and encouraging the development of a broader workforce of specialists and allied professionals. It also directs PhilHealth to expand coverage for developmental screening and early intervention therapies, while ensuring that indigent families receive appropriate financial support through existing social protection mechanisms.

By institutionalizing early detection and strengthening the continuum of care from screening to intervention and school readiness, this measure transforms fragmented efforts into a unified national system. Ultimately, investing in early childhood development is not merely a health intervention—it is a strategic investment in human capital, educational equity, and the long-term productivity of the Filipino people.

In view of the foregoing, the immediate passage of this bill is earnestly sought.


REP. JESUS R. MARQUEZ

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 8513

Introduced by Representative JESUS R. MARQUEZ

AN ACT
INSTITUTING A NATIONAL EARLY DETECTION AND INTERVENTION
FRAMEWORK FOR CHILDREN WITH DEVELOPMENTAL DELAYS AND
DISABILITIES, ESTABLISHING A NATIONAL REFERRAL PATHWAY,
STRENGTHENING INTER-AGENCY COORDINATION, EXPANDING EQUITABLE
ACCESS TO DEVELOPMENTAL SERVICES, AND APPROPRIATING FUNDS
THEREFOR

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. Short Title. – This Act shall be known as the “National Early Detection and Intervention Act.”

Sec. 2. Declaration of Policy. – It is hereby declared the policy of the State to protect and promote the right of every child to optimal development from birth, recognizing early childhood, particularly from zero (0) to five (5) years of age, as a critical period for neurological, cognitive, social, and emotional growth. The State shall ensure equitable access to developmental services nationwide, with proportionately greater support extended to indigent and vulnerable families. In this respect, it shall strengthen coordination among the Department of Health (DOH), Department of Education (DepEd), Department of Social Welfare and Development (DSWD), Philippine Health Insurance Corporation (PhilHealth), the Department of the Interior and Local Government (DILG), and local government units (LGUs).

Towards this end, the State shall institutionalize universal, standardized, and routine developmental screening within early childhood health services and establish an integrated and coordinated system for developmental screening, diagnostic evaluation, early intervention, and school readiness support. It shall likewise promote the expansion of national workforce capacity necessary to deliver timely, accessible, and effective developmental services and establish a National Developmental Health Workforce Expansion Program to increase the number and equitable distribution of developmental pediatricians and allied developmental specialists throughout the country.

Sec. 3. Definition of Terms. – For purposes of this Act:

- (a) “Child” refers to any person below eighteen (18) years of age, with priority focus on children aged zero (0) to five (5) years for purposes of early detection and intervention.
- (b) “Developmental Screening” refers to the administration of standardized and validated tools at defined developmental milestones to identify children at risk of developmental delay or disability.
- (c) “Early Intervention Services” refer to evidence-based therapeutic, educational, behavioral, and family-centered services designed to address identified developmental delays or disabilities.

- (d) “National Early Detection and Intervention Framework” provides for a comprehensive, integrated, inter-agency, multi-sectoral, and community-based approach to detect and address developmental concerns of children. It ensures continuity of care from screening to diagnosis, intervention, and school readiness support.
- (e) “National Early Detection and Intervention Plan” refers to the document to be formulated by the Inter-Agency Council on Early Detection and Intervention and implemented by various stakeholders, that sets out goals and specific objectives for the early detection of developmental concerns of children, referral pathway and intervention measures to address the same. It shall contain the delivery of services for developmental problems, beginning from community-based developmental screening and progressing, when necessary, to specialized diagnostic evaluation, therapeutic intervention, and educational support.
- (f) “National Referral Pathway System” refers to the integrated and coordinated national system that guides the identification, assessment and referral of children with suspected or confirmed developmental delays or disabilities.
- (g) “Regional Developmental Hub” refers to a designated provincial or regional facility equipped with multidisciplinary capacity to conduct secondary assessments and coordinate intervention services for certain cases.
- (h) “Telehealth” refers to the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance.

Sec. 4. Institutionalization of Universal Developmental Screening. – Developmental screening is hereby institutionalized as a routine component of primary child health services nationwide. The DOH shall adopt standardized and validated developmental screening tools and develop a National Special Needs Screening and Assessment Toolkit. It shall likewise integrate developmental screening into existing child health programs and establish national protocols for documentation, referral, and follow-up.

The DOH, in coordination with LGUs, shall designate accredited Developmental Screening Centers in every municipality or city. These centers may include Rural Health Units, selected Barangay Health Stations, government hospitals, or other accredited facilities capable of administering standardized screening tools and maintaining referral linkages.

Training and capacity-building for primary health personnel including physicians, nurses, midwives, and barangay health workers shall be undertaken by the DOH in order to ensure that they are properly equipped to perform their assigned duties and responsibilities. Structured multiplier training programs shall likewise be conducted for Early Childhood Care and Development (ECCD) teachers, Child Development Center teachers, daycare workers, Special Education teachers, and other community-based service providers to enable them to administer preliminary screening tools and identify developmental concerns.

Developmental screening shall not by itself constitute a medical diagnosis but shall serve as an early identification mechanism for referral to appropriate services.

Sec. 5. National Early Detection and Referral Pathway System. – There is hereby established a National Referral Pathway System (NRPS) for developmental concerns. It shall ensure continuity of care from screening to diagnosis, intervention, and school readiness support.

Task-sharing, inter-facility coordination, resource pooling, telehealth utilization, and equitable geographic access shall be the guiding principles of the NRP. LGU-based therapy centers or accredited service providers capable of delivering speech therapy, occupational therapy, behavioral therapy, psychological services, and other evidence-based interventions shall be included in the NRPS. Pooling of personnel and resources may be undertaken through

1 memoranda of agreement, service contracting, cross-appointment arrangements, or other lawful
2 mechanisms consistent with civil service and procurement laws.

3
4 The DepEd, in coordination with the DOH, shall establish standardized medical-
5 educational evaluation protocols prior to placement in Special Education (SPED) programs,
6 ensuring that educational classification is supported by appropriate developmental assessment.

7
8 **Sec. 6. Telehealth and Digital Systems Integration.** – The DOH, in coordination
9 with relevant agencies, shall develop and institutionalize telehealth systems to support
10 consultation, supervision, and service delivery in underserved areas. Subject to applicable data
11 privacy and confidentiality laws, child health records related to developmental screening and
12 intervention shall be digitally integrated and aligned, where feasible, with school readiness
13 indicators under the Department of Education.

14 **Sec. 7. Financing and Equity Mechanisms.** – The Philippine Health Insurance
15 Corporation (PhilHealth) shall expand its benefit packages to include coverage for:

- 16 a. Developmental screening;
17 b. Diagnostic developmental assessments;
18 c. Speech therapy;
19 d. Occupational therapy;
20 e. Behavioral therapy;
21 f. Physical rehabilitation services;
22 g. Psychological services and developmental evaluation;
23 h. Assistive technologies; and
24 i. Periodic developmental reassessment.

25 The framework established under this Act shall apply universally to all children, without
26 discrimination, while ensuring equity-based allocation of public subsidies. Indigent families, as
27 determined under existing national targeting systems and social protection mechanisms
28 administered by the Department of Social Welfare and Development, shall be entitled to full
29 subsidy for approved early intervention services; transportation or ancillary support, where
30 necessary; and linkage with appropriate conditional support programs to promote consistent
31 participation in intervention plans.

32 The DSWD may provide targeted assistance for indigent families with certified children
33 with developmental disabilities undergoing intervention.

34 **Sec. 8. Creation of the Inter-Agency Council on Early Detection and**
35 **Intervention.** – There is hereby created an Inter-Agency Council on Early Detection and
36 Intervention (IAC-EDI). The Council shall be chaired by the Secretary of the DOH.

37
38 The following shall serve as members:

- 39
40 (a) The Secretary of the Department of Education
41
42 (b) The Secretary of the Department of Social Welfare and Development
43
44 (c) The President and Chief Executive Officer of PhilHealth;
45
46 (d) The Secretary of the Department of the Interior and Local Government;
47
48 (e) Representatives from accredited professional associations in pediatrics, therapy,
49 and allied health;
50
51 (f) Representatives from civil society organizations engaged in child development;
52 and
53
54 (g) At least one representative from accredited national parent organization for
55 children with developmental disabilities.

56
57 **Sec. 9. Duties of the IAC-EDI.** – The council shall:

- (a) Formulate and periodically update a National Early Detection and Intervention Plan;
- (b) Harmonize data systems across relevant agencies;
- (c) Cause the conduct of a survey on developmental disabilities through the appropriate government agencies and in partnership with academic institutions;
- (d) Develop and recommend workforce expansion strategies;
- (e) Oversee nationwide public awareness and stigma-reduction campaigns; and
- (f) Submit an annual report to Congress on implementation progress and outcomes.

Sec. 10. Workforce Development and Capacity Building. – The Department of Health, in coordination with the Commission on Higher Education (CHED), the Department of Budget and Management (DBM), and the Civil Service Commission (CSC), shall develop and implement programs to expand the national workforce for developmental services.

These programs shall include, among others, scholarship grants and training incentives; expansion of residency and training programs for developmental pediatricians; capacity-building programs for therapists and allied professionals; and incentive mechanisms for deployment in underserved areas.

The DOH is hereby authorized, subject to existing civil service and budgetary rules, to create permanent plantilla positions for developmental pediatricians, therapists, psychologists, and allied professionals in regional developmental hubs, DOH hospitals, and accredited LGU-based developmental service centers.

Sec. 11. Role of Local Government Units. – LGUs shall:

- (a) Integrate developmental screening into local health programs;
- (b) Establish functional referral linkages with Regional Developmental Hubs;
- (c) Adopt and implement Local Early Detection and Intervention Plans aligned with the national plan;
- (d) Integrate developmental screening into local health programs; and
- (e) Establish functional referral linkages with regional developmental hubs.

Sec. 12. Monitoring and Evaluation. – The IAC-EDI shall establish a national monitoring and evaluation framework to track:

- (a) Developmental screening coverage rates;
- (b) Referral and intervention completion rates;
- (c) Access to therapy and support services;
- (d) School readiness and integration indicators; and
- (e) Equity indicators disaggregated by income level, geographic location, and other relevant variables.

Sec. 13. Appropriations. – The amount necessary for the initial implementation of this Act shall be charged against the current appropriations of the concerned agencies. Thereafter, such sums as may be necessary shall be included in the annual General Appropriations Act.

1
2 **Sec. 14. *Implementing Rules and Regulations.*** – Within one hundred eighty (180)
3 days from the effectivity of this Act, the Inter-Agency Council on Early Detection and Intervention
4 shall promulgate the necessary rules and regulations for the effective implementation of this Act.
5

6 **Sec. 15. *Separability Clause.*** – If any provision of this Act is declared unconstitutional
7 or invalid, the remaining provisions not affected thereby shall remain in full force and effect.
8

9 **Sec. 16. *Repealing Clause.*** – All laws, decrees, executive orders, rules, and regulations
10 inconsistent with this Act are hereby repealed or modified accordingly.
11

12 **Sec. 17. *Effectivity.*** – This Act shall take effect fifteen (15) days after its publication in
13 the Official Gazette or in a newspaper of general circulation.
14

15
16 *Approved,*